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THE ACCIDENT 1	S.	SUICIDE A				' ^ [//	
E 21d, 1[ME M (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21s. NOT DID HIDDRY OCCUR.	181	21d. TIME M (Month)	<u> </u>	(Houz) 21e. INJURY OCCURRED	21f. HOW DID INJURY O	CCUR1	
INJURY May - 27 55 WHILE AT NOT WHILE AT WORK	7	OF '9' ·	27 55	WHILE AT NOT WHILE MAT WORK	,		
2. I hereby certify that I-attended the deceased from August, 1953, to May 28, 1955, that I last saw the deceased	Ľ						
alive on D.O.A., 19, and that death occurred at D.O.A.Gn., from the causes and on the date stated above.	Z						
23a. SIGNATURE	23a. SIGNATURE (Degree or title) 23b. ADDRESS						23c. DATE SIGNED
Wetzel Hospital, Cilnion 2-34-7		1 2 1					
TION DEMOVAL PROJECT	ELL.	enty) (State)					
Burned Sysols EnGLEWOOD CEM CLINTON mo.	M. W.	Burral	14/80/	ENGLE WE		CLINTON	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	, I	DATE REC'D BY LOCAL	. <i>الطس</i> انية	1 1 2 745	25 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS AND
May 31-55 Therence Waar of & Consalus Contors	Į	May 31-5.	512 Lover		1 FL CO	usaeus ch	mlorg
(Licensed Embalmer's Statement on Reverse Side)	-			(Licensed Embalmer's	Statement on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	on the reverse side of this certificate was embalmed by me, or by

orking under my personal supervision.	sim Q & longeur
Student	Signed J. E. Lousalus/ Licensed Embalmer No. 1891

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.